CHILD'S ATTORNEY (Name and Address):	FOR COURT USE ONLY
TELEPHONE NO. (Optional): FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
CHILD'S NAME:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE: BRANCH NAME:	
DRAINCH IVAIVIE.	CASE NUMBER:
NOTICE OF HEARING ON JOINDER—JUVENILE	0.02.1021.
1. Child's name:	
2. Date of birth:	
3. The child is under dependency delinquency jurisdiction.	
The court may make any and all reasonable orders for the child's care, supervision, custody, including medical treatment. In order to facilitate coordination and cooperation among agenc opportunity to be heard, any agency or private service provider that has failed to meet a lega A private service provider is an agency or individual receiving federal, state, or local government services to dependent children or wards of the court.	ies, the court may join, after notice and the I obligation to provide services to the child.
4. A hearing on joinder will be held in this court as follows:	
a. Date: Time: Dept.: Room:	Div.:
h Address of courts	
b. Address of court: is shown above. other (specify):	
5. The name of the person and/or agency to be joined is:	
6. Facts supporting the allegation that the person or agency to be joined has failed to meet child (specify):	a legal obligation to provide services to the
Continued in the attached declaration.	
Sommed in the didented decidation.	Page 1 of 2

CHILD'S NAME:	CASE NUMBER:
7. The court poses the following questions to the individual or agency regarding services provided to the child:	
3. The court requests:	
 That agency representatives meet prior to the hearing to coordinate service obligations to the child. 	es and address any alleged failure to meet legal
b. That the agency submit a written response to the court at least five court do	ays prior to the hearing.
Date:	
	JUDICIAL OFFICER